

TRANSPORTATION INFORMATION

Provider Name _____

Do you plan to transport children while they are in your care? NO YES

- ✓ If you have answered **YES** to the above, you must attach your written transportation policy. This policy must include age groups being transported.
- ✓ If you have answered **NO** to the above, please sign below to confirm your intent.

I am not transporting children at this time. If I decide at a later date to begin offering transportation on a regular or occasional basis, I will contact the verifying agency, The Consultant's Consortium, to demonstrate my compliance with CCDF Provider Eligibility Standards prior to transporting children.

I affirm the above statement is true and correct. Signed _____ Dated _____

THIS PORTION OF THE FORM MUST BE COMPLETED IF YOU INTEND TO TRANSPORT CHILDREN

When transporting children in my care, I will use one of the vehicles listed below.

VEHICLE #1

VEHICLE #2

YEAR: _____

YEAR: _____

MAKE: _____

MAKE: _____

MODEL: _____

MODEL: _____

COLOR: _____

COLOR: _____

State &
PLATE Number _____

State &
PLATE Number _____

INSURANCE COMPANY: _____

INSURANCE COMPANY: _____

You must provide a copy of the registration and insurance card for EACH vehicle.

When transporting children in my care, one the following driver(s) who is at least 18, holds a valid driver's license and is myself or is included on the Employee and Volunteer Form #B-1 will be responsible for driving and securing children.

DRIVER #1 (Provider, if applicable)

DRIVER #2

DRIVER #3

NAME: _____

NAME: _____

NAME: _____

BIRTH DATE: _____

BIRTH DATE: _____

BIRTH DATE: _____

You must provide a copy of each driver's valid license and list the persons, other than the provider, on Form B-1.

By my signature below, I confirm I understand CCDF Provider Eligibility Standards require me to ensure the following:

- ✓ The vehicle is properly plated and insured at all times; and
- ✓ The drivers are at least 18 years of age and hold a valid driver's license; and
- ✓ The driver is considered an employee or volunteer and therefore has met all CCDF Provider Eligibility Standards.

Further, I understand the children must be transported safely and I must follow proper seatbelt procedures as required by Indiana state law.

Applicant Signature: _____ Date: _____